as "care management." Care coordination shall be provided by clinically trained professionals with the authority and skills necessary to determine appropriate diagnosis and treatment, approve treatment and service plans, when necessary to link clients to higher levels of care quickly and efficiently, to facilitate the resolution of disagreements between providers and clinicians, and to consult with providers, clinicians, case managers, and utilization reviewers. Care coordination activities for high risk/high cost consumers or consumers at a critical treatment juncture include the following:

- a. Assisting with the development of a single care plan for individual clients, including participating in child and family teams around the development of plans for children and adolescents.
- <u>b.</u> <u>Addressing difficult situations for clients or providers.</u>
- <u>c.</u> Consulting with providers regarding difficult or unusual care <u>situations.</u>
- d. Ensuring that consumers are linked to primary care providers to address the consumer's physical health needs.
- <u>e.</u> <u>Coordinating client transitions from one service to another.</u>
- <u>f.</u> <u>Customer service interventions.</u>
- g. Assuring clients are given additional, fewer, or different services as client needs increase, lessen, or change.
- <u>h.</u> <u>Interfacing with utilization reviewers and case managers.</u>
- <u>i.</u> <u>Providing leadership on the development and use of communication protocols.</u>
- j. Participating in the development of discharge plans for consumers being discharged from a State facility or other inpatient setting who have not been previously served in the community."

## CRISIS AND ACUTE CARE SERVICES.

**SECTION 10.49.(m)** The thirteen million seven hundred thirty-seven thousand eight hundred fifty-six dollars (\$13,737,856) appropriated in this act for crisis services in each fiscal year to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, shall be allocated to local management entities to continue to implement the crisis plans developed under S.L. 2006-66, Section 10.26. In allocating these funds, the Department shall consider the impact of the closure of any State institution on each local management entity. The Department of Health and Human Services may use up to two hundred fifty thousand dollars (\$250,000) in each fiscal year of the funds allocated under this subsection to extend its contract with the crisis services consultant authorized under Section 10.26(b) of S.L. 2006-66.

**SECTION 10.49.(n)** S.L. 2006-66, Section 10.26(d), as amended by Section 11 of S.L. 2006-221, reads as rewritten:

"SECTION 10.26.(d) With the assistance of the consultant, the area authorities and county programs—LMEs within a crisis region shall work together to identify gaps in their ability to provide a continuum of crisis services for all consumers and use the funds allocated to them to develop and implement a plan to address those needs. At a minimum, the plan must address the development over time of the following components: 24-hour crisis telephone lines, walk-in crisis services, mobile crisis